

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/508499	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51			
2	1					52			
3	21					53			
4	14					54			
5	5					55			
6	14					56			
7	5					57			
8	14					58			
9	5					59			
10	5					60			
11	5					61			
12	1					62			
13	1					63			
14	21					64			
15	14					65			
16	5					66			
17	14					67			
18	5					68			
19	14					69			
20	5					70			
21	14					71			
22	5					72			
23	14					73			
24	5					74			
25	14					75			
26	5					76			
27	14					77			
28	5					78			
29	14					79			
30	5					80			
31	14					81			
32	5					82			
33	14					83			
34	4					84			
35	1					85			
36	1					86			
37	1					87			
38	4					88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	4					TOTAL IND.			
TOTAL DEP.	29	↓	↓	↓	↓	TOTAL DEP.	↓	↓	
TOTAL CLAIMS	33					TOTAL CLAIMS			

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